

**Liability Release Form
(For non-registered visitors)**

Circle One: **Open Gym** **Birthday Party** **Other**

Previous Injuries (broken bones, torn muscles, etc.): _____

Previous Medical Problems: _____

Does your child have asthma? _____ Is your child allergic to any medications? _____ If yes, what? _____

Other (any other special conditions that may help us better coach your child)?: _____

Liability Waiver: I, the undersigned parent or guardian of the student named below, hold Powerhouse TnT Gymnastics and its coaches, staff, and school harmless for any and all injuries arising out of participation in any and all classes or meets away from or at the gym.

Consent Waiver: I, the undersigned parent or guardian of the student named below, do hereby grant authority to the staff of Powerhouse TnT Gymnastics to render a judgment concerning medical assistance in the event of an accident or illness during my absence.

I, the parent or guardian of _____, gives permission for emergency medical treatment of my child if I cannot first be contacted.

Parent or Guardian Signature: _____ Date _____

Home Phone #: _____ Work Phone #: _____ Emergency phone #: _____

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